

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
UTILITY PATENT APPLICATION TRANSMITTAL**

PATENT

Attorney Docket No.: **PD-267.00**  
Express Mail No.: **EV 331792373 US**

First Named Inventor or Application Identifier: **Jennifer Maw, M.D.**  
Title: **OTOLOGIC ADHESIVE APPLICATOR**

CERTIFICATE UNDER 37 CFR SECTION 1.10: I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope address "EXPRESS **EV 331792373 US** addressed to Mail Stop Patent Application, P.O. Box 1450, Commissioner of Patents, Alexandria, VA 22313-1450, on this **17<sup>th</sup>** day of **SEPTEMBER, 2003**.

CURTIS D. KINGHORN

Printed Name

Signature



**Mail Stop BOX PATENT APPLICATION**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

We are transmitting the following:

☒ **Patent Application Transmittal**

☒ **Specification**

Total Pages: 12 (cover/title page 1 sheet; specification 6 sheets; claims 4 sheets; abstract 1 sheet)

☒ **Drawings**

Total Sheets: 2 ( ☐ formal; ☒ informal)

☒ **Combined Declaration and Power of Attorney:**

☒ Newly executed (**Unsigned**)

☐ Copy from prior application

☐ Deletion of inventor(s) -- signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

☐ Incorporation by reference -- *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference herein.*

☒ **Accompanying application parts:**

☐ Notification of filing a ☐ Continuation ☐ Divisional ☐ Continuation-in-Part

☐ Assignment cover sheet

☐ Information Disclosure Statement

☐ PTO Form 1449

☐ Copies of IDS citations

☐ Preliminary Amendment

☐ A copy of the Petition or Condition Petition for Extension of Time in the prior application

☒ Return postcard

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**IF A CONTINUING APPLICATION:**

☐ Continuation ☐ Divisional ☐ Continuation-in-Part  
of prior application no. .

☐ Amend the specification by inserting before the first line the sentence: This application is a  
☐ Continuation ☐ Divisional ☐ Continuation-in-Part  
of application number.

☐ Cancel in this application original claims of the prior application before calculating the filing fee. (At least one of the original independent claims must be retained for filing purposes.)

☐ The Power of Attorney in the prior application is to: .

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☒ This application claims the benefit of U.S. Provisional Application(s) Serial No. 60/411,628 filed September 17, 2002.

☒ Address all future correspondence to:

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Reg. No. 33,926  
**Medtronic, Inc.**  
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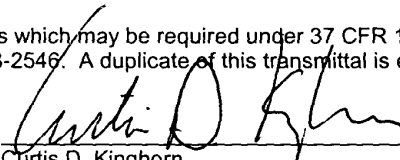
**FEE CALCULATION**

	No. Of Claims Filed	Claims Included in Base Fee	No. Of Extra Claims	Rate	Fee
Total Claims	19	20 =		x \$ 18	\$
Independent Claims	3	3 =		x \$84	
Multiple Dependent Claim(s)		0 =		+ \$ 280	
Basic Filing Fee			0		\$750.00
TOTAL					\$750.00

☒ Charge Deposit Account No. 13-2546 the sum of \$750.00 (Filing Fee) for a total of **\$750.00..**

☒ The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Sept. 17, 2003  
Date

  
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